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Ectopic pearly penile papules: a paediatric case

Case report

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An 11 year old boy was referred to us by his general practitioner for evaluation of small papules on the shaft of his penis. The history revealed that they appeared one year before, were asymptomatic and had not spread. Before his referral the lesions had been interpreted as molluscum contagiosum and were removed by curettage several times, but they always relapsed. On examination we observed three flesh coloured glistening, papules, 2 to 3 mm in diameter with elevated borders and annular shape (fig 1). The patient was otherwise healthy and showed normal development. A biopsy specimen of a papular lesion revealed vascular dilatation and fibrosis in the dermis (fig 2). A diagnosis of pearly penile papules (PPP), were therefore made.

The term PPP describes a distinct entity affecting young adults, characterised by multiple, flesh coloured or pearly white, domeshaped, 1 to 2 mm diameter papules generally localised on the corona and sulcus of the glans penis.12 The lesions arranged in groups or in rows are fixed and do not spontaneously regress.

Pathological examination always reveals enlarged vascular spaces associated with fibrosis in the dermis.3 The aetiology of PPP is unknown. Recently, a male adult with ectopic angiofibromas on the shaft associated with typical lesions on the corona has been described by O'Neil and Hansen.3 These authors considered the condition a distinct clinical subtype of PPP. When a few papules are localised exclusively on the shaft, as in our case, the diagnosis is not obvious and the differential diagnosis includes condylomata acuminata, molluscum contagiosum, heterotopic sebaceous glands and lichen nitidus that



Figure 1 Ectopic angiofibromas with annular appearance on the shaft.

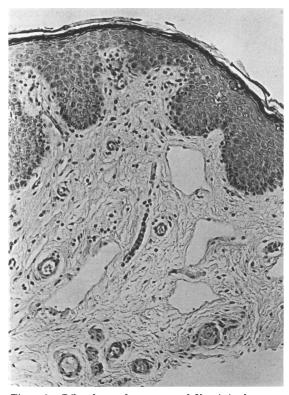


Figure 2 Dilated vascular spaces and fibrosis in the dermis are present (haematoxylin and eosin; original magnification 100 ×).

can be easily ruled out by clinical and histological findings.

PPP usually develop after puberty and it is difficult to explain the early onset in our case. Although in 1909 Buschke⁴ stated that similar structures have been also observed in the newborn, to our knowledge no paediatric case has been reported in the literature.

In conclusion, although the real incidence of PPP in the paediatric population is unknown we believe that our case is extremely rare not only because of the age of the patient but also because of the exclusive localisation of the lesions in an unusual genital area and the clinical annular appearance.

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- 1 Johnson BI, Baxter DL. Pearly penile papules. Arch Dermatol 196**4;90**:166–7.
- Glicksman JM, Freeman RG. Pearly penile papules. Arch Dermatol 1966;93:56-9.
 O'Neil CA, Hansen RC. Pearly penile papules on the shaft. Arch Dermatol 1995;131:491-2.
 Buschke A. Über die bedentung der papillen der corona glandis. Klin Med 1909;5:1621-3.